

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90174 012 ***150.00

DOCUMENT # P01000056652

1. Entity Name

ACME NEW & USED AUTO'S, INC.

Principal Place of Business

**170 CAPITAL CIRCLE, SE
TALLAHASSEE FL 32310**

Mailing Address

**170 CAPITAL CIRCLE, SE
TALLAHASSEE FL 32310**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

020565183

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TROUT, MARY ANN
227 WELDON CIR.
QUINCY FL 32310**

7. Name and Address of New Registered Agent

Name **Robert W. Miller III**
Street Address (P.O. Box Number is Not Acceptable)
**170 CAPITAL Cir. S.E.
Tallahassee**
City **Tallahassee** FL Zip Code **32310**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *[Signature]* **Robert W. Miller III** DATE: **3/12/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **TROUT, JAMES R**
STREET ADDRESS **227 WELDON CIR.**
CITY-ST-ZIP **QUINCY FL 32351**

TITLE **V** ☐ Delete
NAME **MILLER, ROBERT E**
STREET ADDRESS **170 CAPITAL CIR. SE**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **ST** ☐ Delete
NAME **TROUT, JAMES R II**
STREET ADDRESS **227 WELDON CIR.**
CITY-ST-ZIP **QUINCY FL 32310**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director & Vice President** ☐ Change ☒ Addition
NAME **Robert W. Miller III**
STREET ADDRESS **2270 Trescott Dr.**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **MARY ANN TROUT**
STREET ADDRESS **227 WELDON CIR.**
CITY-ST-ZIP **QUINCY, FL 32352**

TITLE **Director** ☐ Change ☒ Addition
NAME **JAMES R. TROUT**
STREET ADDRESS **227 WELDON CIR.**
CITY-ST-ZIP **QUINCY, FL 32352**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **Robert W. Miller III** DATE: **3/12/2002** **850-871-2029**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # **850-942-1207**

CR2E034 (9/01)